

RECEIVED



FINANCIAL DISCLOSURE STATEMENT

State Form 40876 (R10 / 7-06)

OFFICE OF THE INSPECTOR GENERAL

IC 4-2-6-8

JAN 28 2010

For the calendar year

2009

OFFICE OF THE INSPECTOR GENERAL

☐ Check if this is an amendment to your current statement.

Please read guidelines on page 4.

| | | |
|--|--------------------------|---------------------|
| Name (last) Skillman | Name (first) Rebecca | Name (middle) S. |
| Spouse's name (last) Skillman | Name (first) Stephen | Name (middle) E. |
| Office address (number and street) 200 W. Washington St. Rm 333 | City Indianapolis | ZIP code 46204 |
| Office telephone number (317) 232-4545 | Email address (required) | |

| | | | | |
|--|----------------------------------|---|--|---|
| I am filing this statement as a: (please select one) | | <input type="checkbox"/> Candidate for office | <input checked="" type="checkbox"/> Incumbent officeholder | <input type="checkbox"/> State employee |
| Office or agency Lieutenant Governor | Job title Lieutenant Governor | | | |

EACH PART MUST BE ANSWERED. WORDS IN **BOLD ITALICS** ARE INCLUDED IN THE DEFINITIONS.If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

PART 1 - GIFTS

List the name and address of any **person** known to have a **business relationship** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a **gift** or gifts having a total fair market value in excess of one hundred dollars (\$100).

| | | |
|-------------|----------------|----------|
| Name (last) | Address (city) | ZIP code |
| Name (last) | Address (city) | ZIP code |
| Name (last) | Address (city) | ZIP code |

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

PART 2 - REAL PROPERTY INTERESTS

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

| |
|---------------------------|
| Property and its location |
| Property and its location |
| Property and its location |

If you have information to report below, select YES. If no information, select NO. ☒ Yes ☐ No

PART 3 - NON-STATE EMPLOYERS

List the name of your **employer(s)** and the employer(s) of your spouse and the nature of each employer's business.

| | |
|--|----------------------------------|
| Your employer n/a | Nature of business |
| Spouse's employer Smock Golf Course | Nature of business recreation |

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

| | |
|---------------------------|-----------------------------|
| Name of your business | Nature of business |
| Name of spouse's business | Nature of spouse's business |

Do any clients for these businesses listed above have a **business relationship** with your agency (or in the case of a candidate, with the office sought)?

☐ Yes ☐ No

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

PART 5 - PARTNERSHIPS

List any partnership in which you or your spouse is a member and the nature of the partnership business.

| | |
|------------------------------|--------------------------------|
| Name of partnership | Nature of partnership |
| Name of spouse's partnership | Nature of spouse's partnership |

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

PART 6 - OFFICER OR DIRECTOR OF CORPORATION

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

| | |
|------------------------------|-----------------------------|
| Name of corporation | Nature of business |
| Name of spouse's corporation | Nature of spouse's business |

If you have information to report below, select YES. If no information, select NO. ☒ Yes ☐ No

PART 7 - STOCKHOLDER OF CORPORATION

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

| Name of corporation | Your's | Spouse's | Children's |
|----------------------|--------|----------|------------|
| General Motors | | X | |
| Prudential Insurance | X | X | |
| Eli Lilly | X | X | |

If you have information to report below, select YES. If no information, select NO. ☒ Yes ☐ No

PART 8 - MOST RECENT EMPLOYER

List the name and address of your most recent former employer.

| | | | |
|--|------------------------------------|-------|----------|
| Name of your most recent former employer | Street address (number and street) | | |
| State of Indiana | 200 W. Washington St. | | |
| | City | State | ZIP code |
| | Indianapolis | IN | 46204 |

COMMENTS

Please place any comments in the fields below.

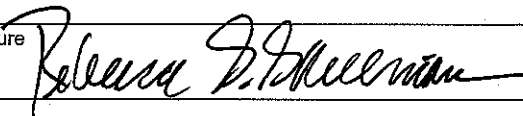
AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than **ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000).** I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature



Date signed (month, day, year)

1/27/10

Mail or deliver to the following address:

Office of the Inspector General
150 West Market Street, Suite 414
Indianapolis IN 46204-2026
Telephone: (317) 232-3850

ORIGINAL